U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

AMENDED

REPORT

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8265	2. Fiscal Year Covered From:		
	01 / 01 / 2004 Through: 12 / 31 / 2004		
Name and address of person filing.	Name, file number, and address of labor organization.		
Name BRIANI PETRUNELLA	Name UPCW LOCAL No. 371		
	Labor Organization File Number 025-718		
P.O. Box, Bldg., Room No., if any UNIT 18	P.O. Box, Building and Room Number, if any P.O. BoX 470		
Street 21 LINDER PLACE	Street 290 POST ROAD WEST		
City NORWALK	City WESTPORT		
State	State CT ZIP Code + 4 06881 - 6470		
5. Position in labor organization. PRESIDENT			
A Held an interest in engaged in transactions (including loans) with or	derived income or other accommissions.		
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City (CIFE STATES CONTINUED TO THE STATES OF			
State ZIP Code + 4			
Signa	ature		
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents) has been examined by the signatory and is, to the best of the		
Signed My 1 Tec	On (203) 226-4751		
	Date Telephone Number		

Name of Person Filling BRIAN PETRONELLA	· · · · · · · · · · · · · · · · · · ·	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	;
8. Name and address of Business (including trade name, if any). Name UFCW NATIONAL PENSION FUN) Trade Name, if any: P.O. Box, Bldg., Room No., if any PiO. Box 11102 Street	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. TRUSTEE EXPENSES COVERED BY UFCH NATIONAL PENSION FUTHERSE AND CONFENENCES AND INCLUDE THE COST FOR LODGING AIRFARE, CAR RENTAL AND MEALS.	
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City	12.a. Nature of interest held	
State ZIP Code + 4		
	12.b. Amount.	Nove
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value. //A	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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Name of Person Filing BRIAN PETRONELLA	File Number	er U-
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8. Name and address of Business (including trade name, if any). Name ZENITH ADMINISTRATORS INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 2600 Street 54 NORTH FAIRBANKS CONST City CHICAGO State IL ZIP Code +4 60611 10. If 9.b. or 9.c. is checked give trust or employer's name. NA Name Trade Name, if any:	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. TRUSTUE EXPENSES COVENED BY THESE ARE EXPENSES FOR ATCONFERENCES AND ARE FOR	TENISING MEETINGS AND
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing BRIAN PETRONELLA	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to or otherwise
8. Name and address of Business (including trade name, if any). Name BoSton PARTNERS ASSET MANAGEMENT Trade Name, if any: P.O. Box, Bldg., Room No., if any 21ST FLOOR Street 28 STATE STREET City BoSton State MA ZIP Code + 4 02169	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. TRUSTEE EXPENSES COVENED BY BOSTON PARTNERS THESE ARE EXPENSES FOR ATTENIANG MUSTINGS AND CONFERENCE AND ARE FOR MEAL EXPENSE.
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and R ahove)
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	上海 하면 전 부모바에 전 지역한 지부하는 하라는 이 한테 네 손 하고 있습니다. 하는 사람들이 나는 그 살고 있는 것 같습니다.

Name of Person Filing BRIAN PETRONELLA		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business dively seeking to represent, or adjrectly to, or otherwise	S	
8. Name and address of Business (including trade name, if any). Name LAZARI) FRERES ASSET MANAGEMENT Trade Name, if any: P.O. Box, Bldg., Room No., if any 5 TTH FLOOR Street 30 ROCKEFEILER PLAZA City NEW YORK State NY 2IP Code + 4 10020	9. Business deals with: a. Labor Organizat b. Trust c. Employer	lion	
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing BRIAN PETRONELLA	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business ctively seeking to represent, or	
8. Name and address of Business (including trade name, if any). Name OPPENHEIMER CAPITAL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 345 AVENUE OF THE AMERICAS City NEW YORK	b. Trust c. Employer	
State NY ZIP Code + 4 10105-4800 10. If 9.b. or 9.c. is checked give trust or employer's name. MA Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. EXPENSES COVERED BY OFFENT THESE ARE EXPENSES FOR ATTER AND ARE FOR MEAL EXPENSE 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received	LUNG MEETINGS
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
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3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing BRIAN PETRONELLA		File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptant of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business dively seeking to represent, or	5
8. Name and address of Business (including trade name, if any). Name ALLIANCE CAPITAL MANAGEMENT, LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 345 AVENUE OF THE AMERICAS City NEW YOLK State NY ZIP Code + 4 10 05	9. Business deals with: a. Labor Organizat b. Trust c. Employer	lion
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

PETRONELLA BRIAN Name of Person Filing File Number U-B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any PO Box c. Employer 10. If 9.b. or 9.c. is checked give trust or employer's name. N/A 11.a. Nature of such dealing. Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount. NONE C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment. (including trade name, if any). P.O. Box, Bldg., Room No., if any 13.b. Is the Business an Employer 14.b. Amount of payment. or Consultant